



# APPLICATION FOR EXEMPT EMPLOYMENT

Submit to

DEPARTMENT OF LAND & NATURAL RESOURCES  
PERSONNEL OFFICE, ROOM 231  
1151 PUNCHBOWL STREET, HONOLULU, HAWAII 96813

## GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you are eligible for the job for which you are applying and to assist the appointing authorities in the selection process.

- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.

The information you provide will be used to determine whether you meet public employment requirements. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where there is a bona fide occupational qualification. The federal and state laws apply to all forms of employment decisions and actions, including pre-employment inquiries.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

## NOTICE OF "AT WILL" EMPLOYMENT

The position that you are applying for is exempt from the civil service. Therefore, if you are appointed to the position, your employment will be considered to be "at will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

### 1. CITIZENSHIP STATUS. Please place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
- B. ☐ National of the U.S.
- C. ☐ Permanent Resident Alien of the U.S.
- D. ☐ Other – Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S. without restriction? ☐ Yes ☐ No

Type of Visa \_\_\_\_\_

2. \_\_\_\_\_  
JOB TITLE(S) APPLYING FOR

3. NAME: \_\_\_\_\_  
Last First Middle

MAILING  
4. ADDRESS: \_\_\_\_\_  
P.O. Box or Number and Street

City State Zip Code

PHONE  
5. NUMBER: \_\_\_\_\_  
Home Other

SOCIAL  
SECURITY  
6. NUMBER: \_\_\_\_\_

### 7. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_  
Date Original Signature of Applicant

**8. EDUCATION: Please type or print legibly in ink.**

The information you provide in this section will be used strictly in the evaluation of your qualifications for the job(s) for which you are applying.

A. Name and location of last grade school attended: (elementary, intermediate or high school)		Highest Grade Level Completed:		Date of Graduation	
B. In-Service Training, Business, Trade, Armed Forces, College or University, Graduate or Professional Schools					
NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Sem'tr	Quarter		

**OTHER QUALIFICATIONS**

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority.

<b>B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH.</b> List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.				<b>C. SPECIAL QUALIFICATIONS.</b> Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.			
LANGUAGE	SPEAK	READ	WRITE				

**9. EMPLOYMENT REFERENCES:**

The information you provide in this section will be used strictly in the evaluation of your qualifications for the job(s) for which you are applying. You need not provide three references. If you have additional references, you may list them on a separate sheet titled: Employment References.

Name, Title and Phone Number of Reference: \_\_\_\_\_

Employer (Include Company, Department, Subsidiary): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name, Title and Phone Number of Reference: \_\_\_\_\_

Employer (Include Company, Department, Subsidiary): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name, Title and Phone Number of Reference: \_\_\_\_\_

Employer (Include Company, Department, Subsidiary): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**10. EXPERIENCE: Please type or print legibly in ink.**

Please begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled Experience and attach it to this form. Your answers may be verified with former employers. Please complete this section even if you are attaching a resume or other documents.

<b>Your Present or Last Position</b>	Employer _____	From: _____ Month Year
	Address _____	To: _____ Month Year
	_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Name and Title of Your Supervisor _____	Average hours worked per week _____
	Your Title _____	Starting Salary \$ _____ Per _____
	Duties and Responsibilities _____	Ending Salary \$ _____ Per _____
	_____	Reason(s) for leaving _____
	_____	_____
	_____	_____
	_____	_____

Employer _____
Address _____
_____
Name and Title of Your Supervisor _____
Your Title _____
Duties and Responsibilities _____
_____
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_____
_____

From: _____ Month Year
To: _____ Month Year
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Average hours worked per week _____
Starting Salary \$ _____ Per _____
Ending Salary \$ _____ Per _____
Reason(s) for leaving _____
_____

**Employment History Continues to Next Page**

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name and Title of Your Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_  
Duties and Responsibilities \_\_\_\_\_  
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From: \_\_\_\_\_  
Month Year  
To: \_\_\_\_\_  
Month Year  
☐ Full Time ☐ Part Time ☐ Volunteer  
Average hours worked per week \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
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Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name and Title of Your Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_  
Duties and Responsibilities \_\_\_\_\_  
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From: \_\_\_\_\_  
Month Year  
To: \_\_\_\_\_  
Month Year  
☐ Full Time ☐ Part Time ☐ Volunteer  
Average hours worked per week \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Name and Title of Your Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_  
Duties and Responsibilities \_\_\_\_\_  
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From: \_\_\_\_\_  
Month Year  
To: \_\_\_\_\_  
Month Year  
☐ Full Time ☐ Part Time ☐ Volunteer  
Average hours worked per week \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

*You may use copies of this page to complete your employment history if necessary.*

## EMPLOYMENT SUITABILITY QUESTIONNAIRE

The requested information is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you for employment. The circumstances of each individual case will be evaluated against the requirements of the positions for which you have applied, to determine suitability for employment. The information on this page will not be released to persons involved in the appointment process.

### DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A. Fired, terminated for cause, dismissed, discharged or asked to resign from employment?.....Yes \_\_\_ No \_\_\_

B. Separated from military service under conditions other than honorable?.....Yes \_\_\_ No \_\_\_

(If you answer "Yes" to either question, indicate the date and reason(s) on the lines at the bottom of this page. For other than separation from military service, provide the name and address of the employer on the lines at bottom of this page.)

### CONVICTION FOR A VIOLATION OF LAW

A. Have you been convicted of a violation of law?.....Yes \_\_\_ No \_\_\_

Report state, federal, military, international and other convictions.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain on the lines at the bottom of the page);
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B. Within the past three years, have you been convicted of any offense related to controlled substances?.....Yes \_\_\_ No \_\_\_

C. Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence?.....Yes \_\_\_ No \_\_\_

(If you answer "Yes" to A, B, or C, indicate on the lines at the bottom of this page the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

### SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked?.....Yes \_\_\_ No \_\_\_

(If you answer "Yes", indicate on the lines at the bottom of this page, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

### SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, have any restrictions that you would not seek further employment with the State of Hawaii?.....Yes \_\_\_ No \_\_\_

USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.

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I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the State of Hawaii.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date